

Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC

June 26, 2023

[REDACTED]  
AL ONE PA INVESTMENTS OPCO LLC  
[REDACTED]  
[REDACTED]

RE: SUNRISE OF WESTTOWN  
1045 WILMINGTON PIKE  
WEST CHESTER, PA, 19382  
LICENSE/COC#: 14494

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/15/2023, 05/16/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *SUNRISE OF WESTTOWN* License #: *14494* License Expiration: *01/01/2024*  
 Address: *1045 WILMINGTON PIKE, WEST CHESTER, PA 19382*  
 County: *CHESTER* Region: *SOUTHEAST*

**Administrator**

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

**Legal Entity**

Name: *AL ONE PA INVESTMENTS OPCO LLC*  
 Address: [Redacted]  
 Phone: [Redacted] Email: [Redacted]

**Certificate(s) of Occupancy**

Type: <i>C 2 LP</i>	Date: <i>11/10/1999</i>	Issued By: <i>Commonwealth of PA, L&amp;I</i>
Type: <i>I 2</i>	Date: <i>11/29/1999</i>	Issued By: <i>Westtown Township</i>
Type: <i>I 2</i>	Date: <i>10/11/2010</i>	Issued By: <i>Westtown Township</i>

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *89* Waking Staff: *67*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *05/16/2023*

**Inspection Dates and Department Representative**

*05/15/2023 On Site* [Redacted]  
*05/16/2023 On Site* [Redacted]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *110* Residents Served: *58*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *Reminiscence Unit* Capacity: *25* Residents Served: *14*

**Hospice**  
 Current Residents: *9*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *58*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *31* Have Physical Disability: *0*

**Inspections / Reviews**

**05/15/2023 - Full**

Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *06/03/2023*

Inspections / Reviews (*continued*)

## 06/05/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 06/23/2023

Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 06/23/2023

## 06/12/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: 06/23/2023

Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 06/14/2023

## 06/26/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: 06/23/2023

Reviewer: [REDACTED] Follow-Up Type: Not Required

28e - Death of a Resident

1. Requirements

2600.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

Description of Violation

Resident #1 passed away on [redacted]/23. Resident #1's personal belongings were removed from the room on [redacted]/23; however, the resident's refund had not been processed as of [redacted]/23.

Plan of Correction

Accept ([redacted] - 06/05/2023)

On 5/16/23, the Business Office Coordinator (BOC) requested a refund check to be issued for Resident 1.

On 5/23/23, the personal care home's central billing office issued a refund for Resident 1.

On 5/19/23, the BOC conducted an audit of all residents who left the personal care home since 1/1/23 to ensure all residents were issued a refund.

On 5/19/23, the Executive Director provided training to the BOC on the requirement for refunds to be issued within 30 days of a resident leaving the personal care home.

Starting on 5/19/23, the BOC will run billing reports on a weekly basis to ensure refunds were processed for any residents who have left the personal care home within the past thirty days.

Starting on 6/22/23 and for the following three months, the POC and monitoring results are discussed and evaluated by the Executive Director and Coordinators at the monthly Quality Management (QAPI) meeting to ensure it is still effective.

Licensee's Proposed Overall Completion Date: 08/24/2023

Implemented ([redacted] 06/12/2023)

54a - Direct Care Staff

2. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person A does not have a U.S. high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Direct care staff person B, who is employed by a third party agency, does not have a U.S. high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

54a - Direct Care Staff (continued)

Plan of Correction

Accept (MJ - 06/05/2023)

On 5/17/2023 the Business Office Coordinator (BOC) obtained copy of high school diploma for staff member A.

On 5/17/23, the BOC conducted an audit of all direct care staff members to ensure they met the educational requirements for working in a personal care home.

On 5/17/23, the Executive Director (ED) contacted the agency for agency staff member B and stated agency staff member B could not work in the personal care home.

On 5/17/23, the BOC conducted an audit of all agency staff persons to ensure they met the educational requirements for working in a personal care home.

On 5/17/23, the Executive Director (ED) provided training to the BOC on the educational requirement to be hired as a direct care staff person in a personal care home as well as work in the personal care home as an agency contracted staff person.

Starting on 5/19/23, the ED will conduct a weekly review of new staff persons files and agency staff person files to verify there is proper documentation of education requirements to work as a direct care staff person in the community.

Starting on 6/22/23 and for the following three months, the POC and monitoring results are discussed and evaluated by the Executive Director and Coordinators at the monthly Quality Management (QAPI) meeting to ensure it is still effective.

Licensee's Proposed Overall Completion Date: 08/24/2023

Implemented (█) - 06/26/2023)

63a - First Aid/CPR Training

3. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On Sunday █/23, from █ PM to █ AM on █/23, 58 residents were present in the home. During this time only one staff person was present in the home who was certified in first aid, obstructed airway techniques and CPR.

On Friday █/23, from █ PM to █ PM, 58 residents were present in the home. During this time only one staff person was present in the home who was certified in first aid, obstructed airway techniques and CPR.

Plan of Correction

Accept (█) - 06/05/2023)

On 5/16/23, the Resident Care Coordinator (RCC), Executive Director (ED), and Resident Care Director (RCD) reviewed daily schedules and confirmed there was one CPR certified care staff member for every fifty residents

63a - First Aid/CPR Training (continued)

present on the schedule.

On 5/19/23, the ED provided training to the RCC and RCD regarding the requirement to have one CPR certified care staff member for every fifty residents.

On 5/22/23, a CPR certified instructor provided CPR and first aid training to direct care staff persons in the home.

On 5/19/23, the RCC, RCD, and/or designee will review the schedule at daily interdisciplinary meeting to confirm the appropriate number of CPR certified staff members are scheduled for all shifts.

On 6/7/23, a CPR certified instructor will provide an additional CPR training course with subsequent training courses scheduled in the home every 6 months for direct care staff persons.

Starting on 6/22/23 and for the following three months, the POC and monitoring results are discussed and evaluated by the Executive Director and Coordinators at the monthly Quality Management (QAPI) meeting to ensure it is still effective.

Licensee's Proposed Overall Completion Date: 08/24/2023

Implemented ( ) - 06/26/2023

65a FS Orientation 1st Day

4. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Agency staff persons B, C and D, whose first day of work was not available however did work in the home based on a [redacted] Invoice dated [redacted]/23, did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Plan of Correction

Accept ( ) 06/05/2023

On 5/18/23 and 5/25/23, the Maintenance Coordinator (MC) provided required fire safety and emergency

65a - FS Orientation 1st Day (continued)

preparedness for agency team members B and C. Agency staff person D no longer works in the personal care home.

On 5/19/23, the Business Office Coordinator (BOC) audited the files for all agency staff persons to ensure they had received the required fire safety and emergency preparedness training.

On 5/17/23, the Executive Director (ED) provided training to the BOC on the requirement for all direct care staff persons including agency staff persons to receive fire safety and emergency preparedness training before or on the first day of hire or working in the home.

Starting on 5/19/23, the ED will conduct a weekly review of new agency staff persons files verify fire safety and emergency preparedness training has been provided.

Starting on 6/22/23 and for the following three months, the POC and monitoring results are discussed and evaluated by the Executive Director and Coordinators at the monthly Quality Management (QAPI) meeting to ensure it is still effective.

Licensee's Proposed Overall Completion Date: 08/24/2023

Implemented ( ) - 06/26/2023

65f - Training Topics

5. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person E did not receive training in medication self-administration training and safe management techniques during training year 2022.

Plan of Correction

Accept ( ) - 06/05/2023

On 5/25/23, the Resident Care Coordinator (RCC) provided medication self-administration training and safe management techniques training was provided to staff person E.

On 5/19/2023, the Business Office Coordinator (BOC) audited the files for all direct care staff persons to ensure they had received the required medication self-administration and safe management techniques training.

On 5/17/23, the Executive Director (ED) provided training to the BOC on the requirement for all direct care staff persons to receive medication self-administration and safe management techniques training annually.

**65f - Training Topics (continued)**

*On 6/15/23, the Resident Care Director (RCD) and/or designee will conduct medication self-administration and safe management techniques training at monthly town hall meeting to meet the annual training requirements.*

*Starting on 6/30/23, the ED and BOC will conduct a quarterly review of direct care staff training files to confirm all required annual training scheduled for that month/quarter has been completed.*

*Starting on 6/22/23 and for the following three months, the POC and monitoring results are discussed and evaluated by the Executive Director and Coordinators at the monthly Quality Management (QAPI) meeting to ensure it is still effective.*

**Licensee's Proposed Overall Completion Date: 08/24/2023**

**Implemented (█ - 06/26/2023)**